FILED

Jan 13, 2003 8:00 am Secretary of State

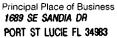
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000012359 **DOCUMENT #**

1. Entity Name

SPEECH AND LANGUAGE SERVICES OF THE TREASURE CO



Mailing Address 1689 SE SANDIA DR

PORT ST LUC	CIE FL 34983 PORT ST LUCIE FL 34983									
2 Principal P	flace of Business	3 Mail	ling Address ,							
	Herron Ave.	210	203EHen	ron Ai	re					
Suite, Apt. #, etc. Şuite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES			
City & State Port St	Lucié, FL	PG'14	& State State	FL.		4. F	El Number 65-0558287		Applied For Not Applicable	
3A95	Country	34	952	Country	4	5. 🤇	Certificate of Status Desired	\$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MUDDING TO ANNIE M					Name Joanne M. Murch					
MURPHY, JOANNE M					Street Address (P.O. Box Number is Not Acceptable)					
1689 SE SANDIA DR PORT ST LUCIE FL 34983					2120 St Herron Ave					
10 01			<u>.</u> ~	C	ity Do	(+ 	11100	FL Zip	3d852	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida.									ith, and accept	
,the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Financir	ng \$ 5	5.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribution.	☐ Ad	ded to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
TITLE	D		☐ Delete	TITLE			. 1	Chang	ge 🔲 Addition	
NAME	MURPHY, JOANNE M 1689 SE SANDIA DR			name Street ai	JUBEGG N	nurphy	Joanne M			
STREET ADDRESS CITY-ST-ZIP	PORT ST LUCIE FL 34983			CITY-ST-	ZIP 2	1265	I Joanne M. Herran Ave St. Lucie, FL 3199	52		
TITLE			☐ Delete	TITLE		7.021		☐ Chang	ge 🔲 Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET AI						
TITLE			☐ Delete	TITLE				Chang	ge 🔲 Addition	
NAME			_ 000.0	NAME						
STREET ADDRESS				STREET AL	· · · I					
CITY-ST-ZIP				CITY-ST-	ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME			☐ Delete	NAME		•		[] Onang	ju 🗀 Addition	
STREET ADDRESS				STREET AL						
CITY-ST-ZIP				CITY-ST-	ZIP					
TITLE			☐ Delete	TITLE NAME				Chang	ge 🔲 Addition	
NAME STREET ADDRESS				STREET AL	DDRESS					
CITY-ST-ZIP				CITY-ST-						
TITLE			☐ Delete	TITLE				Chang	ge 🔲 Addition	
NAME				NAME						
STREET ADDRESS				STREET A	JUKESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: